

THE UNIVERSITY OF TEXAS  
MD ANDERSON  
CANCER CENTER

**Larry C. Driver, MD**  
Associate Professor

**Anesthesiology, Cancer Pain Management**  
Clinical Medical Director  
Symptom Control & Palliative Care Center  
1515 Holcombe Blvd., Box 042  
Houston, Texas 77030  
713-745-7246 (office) 713-745-0177 (fax)  
Email: [ldriver@mdanderson.org](mailto:ldriver@mdanderson.org)

To: The FDA Anesthetic and Life Support Drugs Advisory Committee

Subject: Medical use of opiate analgesics

As a physician specialist involved in the treatment of pain and suffering in individuals with cancer, I have followed with keen interest the developments in not only the medical use of opiate analgesics by patients, but also the illicit misuse and abuse of opiates in those people inclined to do so. I am struck by the irony of the juxtaposition of the congressionally declared "Decade of Pain Control and Research" (H.R.3244 Sec. 1603), the advent this year of the new Joint Commission on Accreditation of Healthcare Organization's pain management standards, the multifaceted efforts to improve pain management in our country, and this year's somewhat frequent adverse news regarding misuse of opioids.

As a citizen, I too am concerned about illicit drug use, and the misuse or abuse of therapeutic medications. As a physician treating patients suffering from the ravaging pain and other symptoms associated with cancer, I know that I must have every possible therapeutic tool available to appropriately help these individuals. I hope that the actions of an outlying sub-segment of society will not lead to well intentioned but unnecessary restrictions on medication availability which will then lead to further suffering in my patients. From time to time a standard practice in dealing with pain medication management is rotating from one opioid analgesic to another to improve efficacy. We thus need access to every available opioid in order to maximize options for our patients.

Though I treat patients predominantly afflicted by cancer related pain, some of these same patients have chronic pain totally unrelated to their cancer. The same powerful medications are often necessary to treat this type of pain as are used to treat cancer pain. We cannot discriminate against a type of pain that a patient has, or against patients that have noncancer related pain, by restricting access to appropriate medications. Just last week I saw a patient who expressed concern about recent adverse publicity about opiate analgesics. He stated his fear that his access to necessary medications may be impaired and he was quite anxious about that. He stated, "That medication has given me my life back." Previously confined to his home in either bed or a chair, he now is able to get out and enjoy shopping with his family and even to spend some time on the golf course with his children. For this man and untold thousands of others like him complete unrestricted access to all types of prescription pain medications is the only moral and ethical answer. In deed the Texas State Board of Medical Examiners

CARING • INTEGRITY • DISCOVERY

1515 HOLCOMBE BOULEVARD • HOUSTON, TEXAS 77030-4095 • 713-792-2121 • [www.mdanderson.org](http://www.mdanderson.org)

*A Comprehensive Cancer Center designated by the National Cancer Institute  
located in the Texas Medical Center*

recognizes in policy that control substances are "Indispensable" for treating chronic intractable pain.

I implore the committee to continue to support full access of all patients to appropriate medications, to not discriminate against any group of patients or group of medications, and to help promote the treatment and relief of pain and suffering.

I will be pleased to elaborate upon the above points or answer specific questions at any time. I can be reached by telephone or email at the locations above.

Thank you for your consideration of my statement.

Larry C. Driver, M.D.